

UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

FORM D

NOTICE OF SALE OF SECURITIES
PURSUANT TO REGULATION D,
SECTION 4(6), AND/OR
UNIFORM LIMITED OFFERING EXEMPTION

OMB A	PPROVAL
OMB Number	r: 3235-0076
Expires: May	31, 2002
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DATE RECEIVED

Name of Offering (check if this is an	amendment and name has cha	nged, and indicate change.)			
QBRIDGE CHINA FUND					
Filing Under (Check box(es) that apply):	☐ Rule 504	Rule 505	□ Rule 506	Section 4(6)	ULOE
Type of Filing:		New Filing		☐ Amendment	
	A. BA	SIC IDENTIFICATION DA	TA		
1. Enter the information requested abou	it the issuer				<u> </u>
Name of Issuer (check if this is an am	endment and name has chang	ed, and indicate change.)			
QBRIDGE CHINA FUND					
Address of Executive Offices	(Number and S	Street, City, State, Zip Code)	Telephone Numb	er (Including Area Code))
c/o WALKERS SPV LIMITED, WALKEI GRAND CAYMAN KY1-9002, CAYMA	,	ET, GEORGE TOWN,	345-945-3727	Pa	COESSE
Address of Principal Business Operations		ite. Zin Code)	Telephone Number	er (Including Area Code	
(if different from Executive Offices)			AY 2 4 2037		
Brief Description of Business INVESTMENTS					Honson
				جَار	<u>(NVNOIVI</u>
Type of Business Organization		1 C 1		5 7	10.00
corporation	☐ limited partnership, alre	ady formed			ecify):Cayman Islands with limited liability
☐ business trust	☐ limited partnership, to b	e formed		exempted company	with fillined flability
		Month \	<u>'ear</u>		
Actual or Estimated Date of Incorporation	or Organization:	9	2006	.	-
Jurisdiction of Incorporation or Organizat	ion: (Enter two-letter II S	Postal Service abbreviation for	or State:	☑ Actual [Estimated
Jurisdiction of Incorporation or Organization: (Enter two-letter U.S. Postal Service abbreviation for State: CN for Canada; FN for other foreign jurisdiction)				F	·N

GENERAL INSTRUCTIONS

Federal:

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C. 77d(6).

When to File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where to File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

State

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form.

Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

ATTENTION

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predicated on the filing of a federal notice.

Potential persons who are to respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB control number.

2. Enter the in	formation requested for the fo	ollowing:			·				
Each pro	moter of the issuer, if the issu	er has been organized within th	e past five years;						
• Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities of the issuer;									
Each executive officer and director of corporate issuers and of corporate general and managing partners of partnership issuers; and									
 Each ger 	eral and managing partner of	partnership issuers.							
Check	Promoter	☐ Beneficial Owner	☐ Executive Officer	☑ Director	Investment Manager				
Box(es) that	Officer of Investment	Belieficial Owlief	Executive Offices	M Director	mvestment ivianager				
Apply:	Adviser								
	name first, if individual)		- · ·						
BUCLEZ, FRAN									
	dence Address (Number and								
			EORGE TOWN, GRAND CAYN						
Check Box(es) that	☐ Promoter ☐ Officer of Investment	☐ Beneficial Owner of Investment Manager	Director of Investment	□ Director	General and/or				
Apply:	Adviser	mvestment wanager	Manager		Managing Partner				
	name first, if individual)	,							
SIPOLS, ALAN	·								
Business or Resi	dence Address (Number and	Street, City, State, Zip Code)	и						
c/o CUBE CAPI	TAL LIMITED, WALKER H	OUSE, 87 MARY STREET, GE	EORGE TOWN, GRAND CAYN	IAN KY1-9002, CAYMAN	ISLANDS				
Check	Promoter	Beneficial Owner of	☐ Director of Investment	Director	General and/or				
Box(es) that	Officer of Investment Adviser	Investment Manager	Manager		Managing Partner				
Apply:	name first, if individual)								
Tun Name (Last	name mst, it murridual)								
Business or Resi	dence Address (Number and	Street, City, State, Zin Code)							
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Check	Promoter	Beneficial Owner of	Executive Officer of	Director	General and/or				
Box(es) that	Officer of Investment	Investment Manager	Investment Manager		Managing Partner				
Apply:	Adviser								
ruii Name (Last	name first, if individual)								
Ducinace or Daci	dence Address (Number and	Street City State Tin Code)							
Dusiness of Kesi	defice Address (Number and	Street, City, State, Zip Code)							
Check	Promoter	Beneficial Owner of	Director of Investment	Director	General and/or				
Box(es) that	Officer of Investment	Investment Manager	Manager	_ Director	Managing Partner				
Apply:	Adviser								
Full Name (Last	name first, if individual)								
Business or Resi	dence Address (Number and	Street, City, State, Zip Code)							
Check	Promoter	Beneficial Owner	Executive Officer	Dispotor of	General and/ac				
Box(es) that	Officer of Investment	☐ Beneficial Owner	Executive Officer	☐ Director of Investment Adviser	☐ General and/or Managing Partner				
Apply:	Adviser								
Full Name (Last	name first, if individual)								
Business or Resi	dence Address (Number and	Street, City, State, Zip Code)							

A. BASIC IDENTIFICATION DATA

					B.	INFORM	ATION AB	OUT OFFE	RING				
1.	Has the is	suer sold, or d	loes the issue	er intend to	sell, to non-	-accredited i	nvestors in t	his offering?				Yes 🗌 No	
					Answer a	also in Appe	ndix, Colum	ın 2, if filing	under ULOE				
2.	What is th	e minimum ii	nvestment th	at will be ac	ecepted from	n any indivi	dual?					discreti	000 w/the on of the Board tors to accept
3.	Does the	offering permi	it joint owne	rship of a si	ngle unit?						***************************************	Yes 🗵 N	o
4.	solicitatio registered	n of purchase	rs in connect and/or with	tion with sal a state or st	les of securi ates, list the	ities in the o e name of th	ffering. If a e broker or o	person to be	listed is an a	any commissions of the commission of the commiss	on or agent o	of a broker or	
Fuli	Name (Las	t name first, i	if individual)					<u> </u>				
Bus	iness or Re	sidence Addre	ess (Number	and Street,	City, State,	Zip Code)							
Nar	ne of Assoc	iated Broker	or Dealer										
		h Person Liste											
(Ch		ates" or check [AK]	: individual : [AZ]	States) [AR]	[CA]	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	[HI]	All States [ID]
	-	[IN]	رکی) [IA]	[KS]	[KY]	(LA)	[ME]	[MD]	[MA]	[M]	[MN]	[MS]	[MO]
[M]		[NE]	[NV]	[NH]	[NJ]	(BA) [NM]	[NY]	[NC]	[ND]	[OH]	[OK]	[OR]	[PA]
[RI]	•	[SC]	(SD)	[TN]	[TX]	[UT]	[VT]	[VA]	[VA]	[WV]	[WI]	[WY]	(PR)
Full	Name (Las	st name first,	if individual										
Bus	iness or Re	sidence Addre	ess (Number	and Street,	City, State,	Zip Code)							
Nan	ne of Assoc	iated Broker	or Dealer										
		n Person Liste											All States
(AL										[FL]			— [ID]
[IL]		[IN]	[IA]	[KS]	[KY]	[LA]	[ME]	[MD]	[MA]	[MI]	[MN]	[MS]	[MO]
(M)	ΓĮ	[NE]	[NV]	(NH)	[เи]	[NM]	[NY]	[NC]	[ND]	[ОН]	[OK]	[OR]	[PA]
[RI]	l	[SC]	[SD]	[TN]	[TX]	[UT]	[VT]	[VA]	[VA]	[WV]	[WI]	[WY]	[PR]
Full	Name (Las	st name first, i	if individual)									
Bus	iness or Re	sidence Addr	ess (Number	and Street,	City, State,	Zip Code)							
Nar	ne of Assoc	iated Broker	or Dealer										
Stat	es in Whiel	h Person Liste	d Has Solici	ited or Inten	ds to Solici	Purchacere							
		ates" or check						***************************************					All States
[AL	.]	[AK]	[AZ]	[AR]	[CA]	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	[HI]	[ID]
[IL]		[IN]	[IA]	[KS]	[KY]	[LA]	[ME]	[MD]	[MA]	[MI]	[MN]	[MS]	[MO]
[M]	Γ]	[NE]	[NV]	[NH]	[[[]	[NM]	[NY]	[NC]	[ND]	[OH]	[OK]	[OR]	[PA]
[RI]		[SC]	[SD]	[TN]	[TX]	[UT]	[VT]	[VA]	[VA]	[WV]	[WI]	[WY]	[PR]

C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if answer is "none" or "zero." If the transaction is an exchange offering, check this box D and indicate in the columns below the amounts of the securities offered for exchange and already exchanged. Aggregate Amount Already Type of Security Offering Price Sold Debt 0 0 Equity _____ \$ INDEFINITE \$ 2,000,000 Common Preferred Convertible Securities (including warrants) Partnership Interests Other (Specify _____)) Total \$ INDEFINITE 2,000,000 Answer also in Appendix, Column 3, if filing under ULOE. Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero." Aggregate Number Investors Dollar Amount of Purchases Accredited Investors 2,000,000 Non-accredited Investors Total (for filings under Rule 504 only)..... Answer also in Appendix, Column 4, if filing under ULOE. If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C - Question 1. Type of **Dollar Amount** Security Sold Type of Offering Rule 505 Regulation A. Rule 504..... Total a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the issuer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate. Transfer Agent's Fees..... Printing and Engraving Costs \$ _1,000

Legal Fees

Sales Commissions (specify finders' fees separately)

Other Expenses (Identify)

Total

40169297.1 07038382

 \times

 \boxtimes

 \boxtimes

\$ 20,000

\$ 5,000

\$ 26,000

0

C. OFFERING PRICE, NUMBER OF IS	·				····
 Enter the difference between the aggregate offering price given in res in response to Part C - Question 4.a. This difference is the "adjusted" 				\$	INDEFINITE
5. Indicate below the amount of the adjusted gross proceeds to the issuer use If the amount for any purpose is not known, furnish an estimate and chec payments listed must equal the adjusted gross proceeds to the issuer set for	k the box to the left of the estima	ite. The t	total of the		
	•		ent to Officers,		Payment To
		Direct	ors, & Affiliates		Others
Salaries and fees	******************	□ \$	0	□ \$	0
Purchase of real estate		□ \$	0	□ \$	0
Purchase, rental or leasing and installation of machinery and equipment		□ \$	0	□ \$	0
Construction or leasing of plant buildings and facilities	***************************************	□ \$	0	□ \$	0
Acquisition of other businesses (including the value of securities involved in the	his offering that may be used				
in exchange for the assets or securities of another issuer pursuant to a merger)			0	□ \$	0
Repayment of indebtedness	***************************************	□ \$	0	□ \$ _	0
Working capital	***************************************	⊠ s _	INDEFINITE	□ s_	0
Other (specify):		<u></u> \$_		□ \$	0
Column Totals		⊠.s	INDEFINITE	□s	0
Total Payments Listed (column totals added)					<u> </u>
			⊠s in	DEFINIT	E
					
D. FED	ERAL SIGNATURE			.	
The issuer had duly caused this notice to be signed by the undersigned duly au	thorized person. If this notice is	filed unc	ler Rule 505, the fo	llowing s	ignature constitutes
an undertaking by the issuer to furnish to the U.S. Securities and Exchange Conon-accredited investor pursuant to paragraph (b)(2) of Rule 502.					
Issuer (Print or Type)	Signature			Date C)
QBRIDGE CHINA FUND	5			May _	, 2007
Name of Signer (Print or Type)	Title of Signer (Print or Type)				
FRANCOIS BUCLEZ	DIRECTOR				
					

ATTENTION

Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 1001.)

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	E. STATE SIGNATURE		
1.	Is any party described in 17 CFR 230.252 presently subject to any of the disqualification provisions of such rule?	Yes	No ⊠
	See Appendix, Column 5, for state response.		
2.	The undersigned issuer hereby undertakes to furnish to the state administrator of any state in which the notice is filed, a notice on Form D (17	I CFR 239.5	00) at

- The undersigned issuer hereby undertakes to furnish to the state administrator of any state in which the notice is filed, a notice on Form D (17 CFR 239.500) at such times as required by state law.
- 3. The undersigned issuer hereby undertakes to furnish to any state administrators, upon written request, information furnished by the issuer to offerees.
- 4. The undersigned issuer represents that the issuer is familiar with the conditions that must be satisfied to be entitled to the Uniform limited Offering Exemption (ULOE) of the state in which this notice is filed and understands that the issuer claiming the availability of this exemption has the burden of establishing that these conditions have been satisfied.

The issuer has read this notification and knows the contents to be true and has duly caused this notice to be signed on its behalf by the undersigned duly authorized person.

Issuer (Print or Type) QBRIDGE CHINA FUND	Signature	Date A . 2007
Name (Print or Type) FRANCOIS BUCLEZ	Title (Print or Type) DIRECTOR	

Instruction:

Print the name and title of the signing representative under his signature for the state portion of this form. One copy of every notice on Form D must be manually signed. An copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

